

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**

Provide ***consistency*** across States in the structure, content, and format of the report, **AND**

Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**

Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

**FRAMEWORK FOR THE ANNUAL REPORT OF
THE STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT**

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

State/Territory: MT
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature: _____
Jackie Forba

SCHIP Program Name(s): All, Montana

SCHIP Program Type:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> | SCHIP Medicaid Expansion Only |
| <input checked="" type="checkbox"/> | Separate Child Health Program Only |
| <input type="checkbox"/> | Combination of the above |

Reporting Period: 2008 *Note: Federal Fiscal Year 2008 starts 10/1/07 and ends 9/30/08.*

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Submission Date: 12/29/2008

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
	* Upper % of FPL are defined as <u>Up to and Including</u>									
	Gross or Net Income: ALL Age Groups as indicated below									
	Is income calculated as gross or net income?	<input type="checkbox"/>	Gross Income	Is income calculated as gross or net income?	<input type="checkbox"/>	Gross Income				
		<input type="checkbox"/>	Income Net of Disregards		<input checked="" type="checkbox"/>	Income Net of Disregards				
Eligibility						From		% of FPL conception to birth		% of FPL *
	From		% of FPL for infants		% of FPL *	From		% of FPL for infants	175	% of FPL *
	From		% of FPL for children ages 1 through 5		% of FPL *	From		% of FPL for children ages 1 through 5	175	% of FPL *
	From		% of FPL for children ages 6 through 16		% of FPL *	From		% of FPL for children ages 6 through 16	175	% of FPL *
	From		% of FPL for children ages 17 and 18		% of FPL *	From		% of FPL for children ages 17 and 18	175	% of FPL *

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long? [1000]	<input type="checkbox"/>	Yes - Please describe below: For which populations (include the FPL levels) [1000] Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] Brief description of your presumptive eligibility policies [1000]

	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
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Is retroactive eligibility available?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes, for whom and how long?	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input type="checkbox"/>	No
			<input checked="" type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program on-line?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes – please check all that apply	<input type="checkbox"/>	Yes – please check all that apply
	<input type="checkbox"/>	Signature page must be printed and mailed in	<input type="checkbox"/>	Signature page must be printed and mailed in
	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)	<input type="checkbox"/>	Family documentation must be mailed (i.e., income documentation)
	<input type="checkbox"/>	Electronic signature is required	<input type="checkbox"/>	Electronic signature is required
	<input type="checkbox"/>		<input type="checkbox"/>	No Signature is required
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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require a face-to-face interview during initial application	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months	
			1	
			<p>To which groups (including FPL levels) does the period of uninsurance apply? [1000]</p> <p>CHIP enrollment is delayed by one month for all groups when children were previously covered by creditable health insurance.</p> <p>List all exemptions to imposing the period of uninsurance [1000]</p> <p>1. The insurer changed employers; 2. The insurer died; 3. The insurer became disabled or is no longer able to work; 4. The insurer was fired or laid-off; 5. Dependent coverage is no longer available through the employer; 6. Coverage is COBRA coverage; 7. Benefits are not accessible to the child; 8. Coverage is limited to a certain body part, illness or situation (e.g. vision or dental, cancer, or accidental coverage); 9. Insurer was a step-parent who discontinued coverage when he/she divorced the child's biological or adoptive parent.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
			<p>If yes, what database? [1000]</p> <p>Blue Cross and Blue Shield of Montana (BCBSMT) is Montana's third party administrator. BCBSMT is also Montana's largest insurance carrier. Children enrolled in CHIP are matched with BCBSMT's database monthly. BCBSMT notifies CHIP of any match. CHIP investigates all matches and disenrolls children with private health insurance coverage.</p>	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program	<input type="checkbox"/>	No	<input type="checkbox"/>	No
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provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 12	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
			<p>A child is disenrolled during the 12-month continuous coverage period if he or she is:</p> <ol style="list-style-type: none"> covered by other creditable insurance and CHIP is made aware of the coverage; eligible to receive health coverage benefits under the state employee or the University System health plans; eligible for Medicaid; incarcerated in a penal institution; turns 19 years of age; moves out of state; moves and CHIP is unable to locate the family; or dies. <p>NOTE: When a waiting list is in place, 12 months of eligibility does not necessarily mean 12 months of enrollment due to time spent on the waiting list.</p>	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require premiums or an enrollment fee?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose copayments or coinsurance?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	If Yes, please describe below		If Yes, please describe below	

	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A
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Does your program require income disregards? (Note: if you checked off net income in the eligibility question, you must complete this question)	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	If Yes, please describe below [1000]	If Yes, please describe below [1000]
		Income disregards include: 1. \$1,440 annual work expense disregard for each family member whose earned income is counted, and 2. \$2,400 annual dependent care expense per dependent receiving care.
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Which delivery system(s) does your program use?	<input type="checkbox"/> Managed Care	<input type="checkbox"/> Managed Care
	<input type="checkbox"/> Primary Care Case Management	<input type="checkbox"/> Primary Care Case Management
	<input type="checkbox"/> Fee for Service	<input checked="" type="checkbox"/> Fee for Service
	Please describe which groups receive which delivery system [500]	Please describe which groups receive which delivery system [500]

Is a preprinted renewal form sent prior to eligibility expiring?	<input type="checkbox"/> No	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes
	<input type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation	<input checked="" type="checkbox"/> We send out form to family with their information pre-completed and ask for confirmation
	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed	<input type="checkbox"/> We send out form but do not require a response unless income or other circumstances have changed
	<input type="checkbox"/> N/A	<input type="checkbox"/> N/A

Enter any Narrative text below. [7500]

Comments on Responses in Table:

Is there an assets test for children in your Medicaid program?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Is it different from the assets test in your separate child health program?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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Are there income disregards for your Medicaid program?

<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Are they different from the income disregards in your separate child health program?

☒ Yes ☐ No ☐ N/A

Is a joint application (i.e., the same, single application) used for your Medicaid and separate child health program?

☐ Yes ☒ No ☐ N/A

If you have a joint application, is the application sufficient to determine eligibility for both Medicaid and SCHIP?

☐ Yes ☐ No ☒ N/A

8. Indicate what documentation is required at initial application

	Self-Declaration	Self-Declaration with internal verification	Documentation Required
Income	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Citizenship	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insured Status	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate "yes" or "no change" by marking appropriate column.

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application documentation requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Benefit structure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crowd out policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility levels / target population	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Eligibility redetermination process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment process for health plan selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other – please specify						
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. For each topic you responded yes to above, please explain the change and why the change was made, below:

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
Application	
Application documentation requirements	
Benefit structure	
Cost sharing (including amounts, populations, & collection process)	
Crowd-out policies	

Delivery system	
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
Eligibility levels / target population	
Assets test in Medicaid and/or SCHIP	
Income disregards in Medicaid and/or SCHIP	
Eligibility redetermination process	
Enrollment process for health plan selection	
Family coverage	
Outreach	
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a.	
b.	

c.	
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Enter any Narrative text below. **[7500]**
 Although Medicaid and CHIP do not share an application, information is shared between the two programs. CHIP applications from families who apply to CHIP but are determined potentially eligible for Medicaid are mailed to the family's local Office of Public Assistance for a Medicaid determination. Conversely, families denied or closed off Medicaid are referred to CHIP via an electronic referral system. CHIP reviews the Medicaid generated referral and either enrolls children whose family has an open CHIP family span or mails the family a partially pre-populated CHIP application to complete.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data is available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2006 and FFY 2007) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2008). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

Population not covered: Check this box if your program does not cover the population included in the measure.

Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.

Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.

Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

Please indicate the status of the data you are reporting, as follows:

Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2008.

Final: Check this box if the data you are reporting are considered final for FFY 2008.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):

In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2009, 2010, and 2011. Based on your recent performance on the measure (from FFY 2006 through 2008), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2006	FFY 2007	FFY 2008
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2005</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006</p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2007</p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Enrollees included on this report were continuously enrolled during the reporting period with no more than one break in enrollment of up to 45 days during the reporting period.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Standard HEDIS definition</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana from CHIP claims.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Standard HEDIS definition. CHIP enrollees from 0 to 15 months old during the measurement year.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: HEDIS 2008. CHIP enrollees from 0 to 15 months old during the measurement year.</p>
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: 3 Numerator: 14 Denominator: 48 Denominator: 48 Rate: 6.3 Rate: 29.2 <u>1 visit</u> <u>5 visits</u> Numerator: 4 Numerator: 10 Denominator: 48 Denominator: 48 Rate: 8.3 Rate: 20.8 <u>2 visits</u> <u>6+ visits</u> Numerator: 5 Numerator: 6 Denominator: 48 Denominator: 48 Rate: 10.4 Rate: 12.5 <u>3 visits</u> Numerator: 6 Denominator: 48 Rate: 12.5 Additional notes on measure: We continue to focus on the importance of well-child visits. We mail "Healthy Start, Grow Smart" information packets to families with newborns. The packets include a brochure for each month of a child's life from birth through 12 months and includes information about the child's health care intervals through 12 months of age. CHIP quarterly newsletter also stresses the importance of preventive care.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: 3 Numerator: 11 Denominator: 38 Denominator: 38 Rate: 7.9 Rate: 28.9 <u>1 visit</u> <u>5 visits</u> Numerator: 3 Numerator: 8 Denominator: 38 Denominator: 38 Rate: 7.9 Rate: 21.1 <u>2 visits</u> <u>6+ visits</u> Numerator: 3 Numerator: 2 Denominator: 38 Denominator: 38 Rate: 7.9 Rate: 5.3 <u>3 visits</u> Numerator: 8 Denominator: 38 Rate: 21.1 Additional notes on measure: We continue to focus on the importance of well-child visits. We mail "Healthy Start, Grow Smart" informational packets to families with newborns. The packets include brochures about a child's health care needs for each month of a child's life from birth through 12 months of age. Additionally, our contractor Blue Cross Blue Shield of Montana included an immunization schedule in its August 2007 "Keeping Well" newsletter to CHIP-enrolled families.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with specified number of visits <u>0 visits</u> <u>4 visits</u> Numerator: 6 Numerator: 19 Denominator: 75 Denominator: 75 Rate: 8 Rate: 25.3 <u>1 visit</u> <u>5 visits</u> Numerator: 4 Numerator: 23 Denominator: 75 Denominator: 75 Rate: 5.3 Rate: 30.7 <u>2 visits</u> <u>6+ visits</u> Numerator: 4 Numerator: 9 Denominator: 75 Denominator: 75 Rate: 5.3 Rate: 12 <u>3 visits</u> Numerator: 10 Denominator: 75 Rate: 13.3 Additional notes on measure: NOTE: Information provided in this section in FFY 2007 is now reported in the Explanation of Progress section of this measure.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Infant and toddler well-child visits increased between FFY 2007 and FFY 2008. Montana CHIP exceeded our objectives in three of seven categories:

0 visits - 7.9% in FFY 2007 and 8% in FFY 2008

5 visits - 21.1% in FFY 2007 and 30.7% in FFY 2008

6+ visits - 5.3% in FFY 2007 and 12% in FFY 2008

What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? We continue to focus on the importance of well-child visits. We mail "Healthy Start, Grow Smart" informational packets to families with newborns. The packets include brochures about a child's health care needs for each month of a child's life from birth through 12 months of age. Additionally, our contractor, Blue Cross Blue Shield of Montana, sent its August, 2008 "Keeping Well" well-child information to all CHIP-enrolled families (PLEASE REFER TO ATTACHMENT A)

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2009: Montana will continue to focus on the importance of well-child visits. Our FFY 2009 objective is to maintain performance at 2008 levels.

0 visits - 8%

1 visits - 5.3%

2 visits - 5.3%

3 visits - 13.3%

4 visits - 25.3%

5 visits - 30.7%

6+ visits - 12%

Annual Performance Objective for FFY 2010: Montana will continue to focus on the importance of well-child visits. Our FFY 2010 objective is to maintain performance at 2008 levels.

0 visits - 8%

1 visits - 5.3%

2 visits - 5.3%

3 visits - 13.3%

4 visits - 25.3%

5 visits - 30.7%

6+ visits - 12%

Annual Performance Objective for FFY 2011: Montana will continue to focus on the importance of well-child visits. Our FFY 2011 objective is to maintain performance at 2008 levels.

0 visits - 8%

1 visits - 5.3%

2 visits - 5.3%

3 visits - 13.3%

4 visits - 25.3%

5 visits - 30.7%

6+ visits - 12%

Explain how these objectives were set:

Other Comments on Measure:

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2006	FFY 2007	FFY 2008
Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2007
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> NCQA's 2005 HEDIS technical specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Standard HEDIS definition	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana.	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana from CHIP claims.
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 387 Denominator: 1151	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 351 Denominator: 1042	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 505 Denominator: 1316

FFY 2006	FFY 2007	FFY 2008
<p>Rate: 33.6</p> <p>Additional notes on measure: CHIP continues to educate families about the importance and availability of well-child visits.</p>	<p>Rate: 33.7</p> <p>Additional notes on measure: Montana CHIP continues to educate families about the importance and availability of well-child visits.</p>	<p>Rate: 38.4</p> <p>Additional notes on measure: Montana CHIP continues to educate families about the importance and availability of well-child visits.</p>

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2006	FFY 2007	FFY 2008
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Well-child visits increased by approximately 5% between 2007 (33.7%) and 2008 (38.4%).</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? We continue to focus on the importance of well-child visits. We mail "Healthy Start, Grow Smart" informational packets to families with newborns. The packets include brochures about a child's health care needs for each month of a child's life from birth through 12 months of age. Additionally, our contractor, Blue Cross Blue Shield of Montana, sent its August, 2008 "Keeping Well" well child information to all CHIP-enrolled families (PLEASE REFER TO ATTACHMENT A)</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Montana will continue to educate families about the importance and availability of well-child visits. Our FFY 2009 objective is to maintain performance at the 2008 level of 38.4%.</p> <p>Annual Performance Objective for FFY 2010: Montana will continue to educate families about the importance and availability of well-child visits. Our FFY 2010 objective is to maintain performance at the 2008 level of 38.4%.</p> <p>Annual Performance Objective for FFY 2011: Montana will continue to educate families about the importance and availability of well-child visits. Our FFY 2011 objective is to maintain performance at the 2008 level of 38.4%.</p> <p><i>Explain how these objectives were set:</i></p>		
Other Comments on Measure:		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2006	FFY 2007	FFY 2008
Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2006	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2007
Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> NCQA's 2005 HEDIS technical specifications	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Standard HEDIS definition	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008
Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.	Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 21 Denominator: 22 Rate: 95.5 <u>10-17 years</u> Numerator: 60 Denominator: 62 Rate: 96.8 <u>Combined rate (5-17 years)</u> Numerator: 81 Denominator: 84 Rate: 96.4 Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 17 Denominator: 19 Rate: 89.5 <u>10-17 years</u> Numerator: 62 Denominator: 70 Rate: 88.6 <u>Combined rate (5-17 years)</u> Numerator: 79 Denominator: 89 Rate: 88.8 Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: 38 Denominator: 38 Rate: 100 <u>10-17 years</u> Numerator: 81 Denominator: 87 Rate: 93.1 <u>Combined rate (5-17 years)</u> Numerator: 119 Denominator: 125 Rate: 95.2 Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Montana exceeded its performance objective documented on our FFY 2007 Annual Report. The percentage of children receiving appropriate asthma medication increased by approximately 6% between 2007 and 2008.

What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? If parent(s)/guardian(s) indicate on the CHIP application that one or more child(ren) have asthma, CHIP refers child(ren) to Children's Special Health Services for additional appropriate services.

Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.

Annual Performance Objective for FFY 2009: Montana will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2009 objective is to maintain performance at 2008 levels

5-9 years = 100%

10-17 years = 93.1%

combined 5-17 years = 95.2%

Annual Performance Objective for FFY 2010: Montana will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2010 objective is to maintain performance at 2008 levels

5-9 years = 100%

10-17 years = 93.1%

combined 5-17 years = 95.2%

Annual Performance Objective for FFY 2011: Montana will continue providing appropriate medications for children and adolescents with asthma. Our FFY 2011 objective is to maintain performance at 2008 levels

5-9 years = 100%

10-17 years = 93.1%

combined 5-17 years = 95.2%

Explain how these objectives were set:

Other Comments on Measure:

MEASURE: Children's Access to Primary Care Practitioners

FFY 2006	FFY 2007	FFY 2008
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> NCQA now allows qualifying visits to nurse practitioners and physician assistants to count toward the numerator even though they are not listed as primary care practitioners. Because the CHIP program is not a managed care plan, "safety-net providers" such as County Health Departments, Migrant Health Clinics, Tribal Health and Indian Health Service Clinics, etc. are also providers NCQA's 2005 HEDIS technical specifications</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> Standard HEDIS definition</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> HEDIS 2008</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana from CHIP claims data.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana using CHIP claims data.</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Data gathered by Blue Cross Blue Shield of Montana using CHIP claims data.</p>

FFY 2006	FFY 2007	FFY 2008
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2005	Year of Data: 2006	Year of Data: 2007

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 83 Numerator: 1305 Denominator: 93 Denominator: 1576 Rate: 89.2 Rate: 82.8 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 1041 Numerator: 2127 Denominator: 1348 Denominator: 2433 Rate: 77.2 Rate: 87.4 Additional notes on measure: Montana has expanded primary care provider access beyond its borders. Since Montana is a "frontier" state, certain communities are better served by visiting medical providers or providers in contiguous counties. For example, families residing in Fairview, MT are closer to medical providers in Williston, ND and families residing in Noxon, MT are closer to medical providers in Sandpoint, ID.	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 113 Numerator: 1110 Denominator: 120 Denominator: 1334 Rate: 94.2 Rate: 83.2 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 957 Numerator: 1776 Denominator: 1216 Denominator: 2054 Rate: 78.7 Rate: 86.5 Additional notes on measure: CHIP continues to educate families about the health care services available to them. The program also recruits providers statewide to ensure access to care. Providers such as county health departments, community health centers, Tribal Health and Indian Health Service facilities are integral parts of CHIP's provider network. Montana also permits children to access primary care providers beyond its borders (e.g., families residing in Noxon, MT are closer to medical providers in Sandpoint, ID).	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with a PCP visit <u>12-24 months</u> <u>7-11 years</u> Numerator: 187 Numerator: 1496 Denominator: 193 Denominator: 1778 Rate: 96.9 Rate: 84.1 <u>25 months-6 years</u> <u>12-19 years</u> Numerator: 1255 Numerator: 2251 Denominator: 1560 Denominator: 2567 Rate: 80.4 Rate: 87.7 Additional notes on measure: Information previously reported in this section has been moved to the Explanation of Progress section for this measure.
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Montana exceeded its Annual Performance Objective as documented on our 2007 Annual Report. The percentage of children with access to primary care practitioners increased by approximately 1%.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? CHIP continues to educate families about the health care services available to them. The program also recruits providers statewide to ensure access to care. Providers such as County Health Departments, Community Health Centers, Tribal Health and Indian Health Service facilities are integral parts of CHIP's provider network. Our contractor has increased provider participation.</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Montana will continue to provide children with access to primary care practitioners. Montana will continue recruiting practitioners and maintain access at 2008 levels. 12 - 24 months = 96.9% 25 months - 6 years = 80.4% 7 - 11 years = 84.1% 12 - 19 years = 87.7%</p> <p>Annual Performance Objective for FFY 2010: Montana will continue to provide children with access to primary care practitioners. Montana will continue recruiting practitioners and maintain access at 2008 levels. 12 - 24 months = 96.9% 25 months - 6 years = 80.4% 7 - 11 years = 84.1% 12 - 19 years = 87.7%</p> <p>Annual Performance Objective for FFY 2011: Montana will continue to provide children with access to primary care practitioners. Montana will continue recruiting practitioners and maintain access at 2008 levels. 12 - 24 months = 96.9% 25 months - 6 years = 80.4% 7 - 11 years = 84.1% 12 - 19 years = 87.7%</p> <p><i>Explain how these objectives were set:</i></p>		
<p>Other Comments on Measure:</p>		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2007	FFY 2008	Percent change FFY 2007-2008
SCHIP Medicaid Expansion Program	0	0	
Separate Child Health Program	20115	22679	12.75

Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

Montana CHIP conducted ongoing outreach. For example: 1) annual Back-to-School campaign; 2) site visits to seven American Indian reservations and five urban Indian clinics; and 3) continued outreach, attendance and participation at public health events, provider fairs and the statewide network of over 650 CHIP Community Partners (advocates).

In addition, enrollment continued to increase due to the increase of the FPL to 175% during FFY 2007.

The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2005-2007. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2008 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	32	5.2	12.0	2.0
1998 - 2000	32	5.2	13.0	2.0
2000 - 2002	20	3.6	8.8	1.5
2002 - 2004	23	3.8	10.0	1.6

2003 - 2005	24	4.0	10.7	1.7
2004 - 2006	21	4.0	9.5	1.6
2005 - 2007	19	4.0	8.5	1.5
Percent change 1996-1998 vs. 2005-2007	-40.6%	NA	-29.2%	NA

Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

Montana has expanded its CHIP outreach activities in order to cover more children through CHIP, Medicaid and other appropriate health care programs.

Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

In addition to the number of children under 200% FPL who are uninsured, CPS data collected in 2008 indicated approximately 30,000 (13%) of all Montana children were uninsured.

We continue to be concerned about the limited sample size of the Current Population Survey (CPS).

Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

What are the limitations of the data or estimation methodology?

How does your State use this alternate data source in SCHIP program planning?

How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

No data is available regarding the number of children enrolled in Medicaid as a result of CHIP outreach activities and enrollment simplification. Applications for Montana CHIP are screened for possible Medicaid eligibility. If a child is potentially eligible for Medicaid, the family is notified and the application is sent to the child's local Office of Public Assistance for a Medicaid eligibility determination.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If your goals reported in the annual report now differ from Section 9 of your SCHIP state plan, please indicate how they differ in "Other Comments on Measure." Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

Reducing the number of uninsured children

SCHIP enrollment

Medicaid enrollment

Increasing access to care

Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2006 and FFY 2008) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2008).

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

Please indicate the status of the data you are reporting for each goal, as follows:

Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2008.

Final: Check this box if the data you are reporting are considered final for FFY 2008.

Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2008). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source (specify the other source). For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:

Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care, please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:

Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:

Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. Any quality improvement activity described should involve the SCHIP program, benefit SCHIP enrollees, and relate to the performance measure and your progress. An example of a quality improvement activity is a state-wide initiative to inform individual families directly of their children’s immunization status with the goal of increasing immunization rates. SCHIP would either be the primary lead or substantially involved in the project. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2009, 2010 and 2011. Based on your recent performance on the measure (from FFY 2006 through 2008), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations, plans to report on a measure in the future, or differences between performance measures reported here and those discussed in Section 9 of the SCHIP state plan.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) Decrease the proportion of children at or below 150% of FPL who are uninsured.	Goal #1 (Describe) Continue decreasing the number of uninsured children in low to moderate income families. Our objective to is decrease the number of uninsured children by 5%.	Goal #1 (Describe) Continue decreasing the number of uninsured children in low to moderate income families by increasing enrollment in publically funded programs by 5%.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i>
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Total number of children enrolled in CHIP, Medicaid, the Caring Program, the Montana University System Dependent Children Premium Waiver pilot project and Insure Montana in 2006 (80,616). Information was derived from each program's data system.	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Total number of children enrolled in CHIP, Medicaid, the Montana University System Dependent Children Premium Waiver pilot project and Insure Montana in FFY 2007 (83,007). Information was derived from each program's data system.	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Total number of children enrolled in CHIP, Medicaid, Health Insurance for the Montana University System Dependent Children Waiver Program, and Insure Montana in FFY 2008 (84,865). Information was derived from each program's data system.
Definition of Population Included in the Measure: Definition of denominator: Total number of children enrolled in CHIP (17,880), Medicaid (61,498), the Caring Program (436), (100) and Health Insurance for the Montana University System Dependent Children Premium Waiver pilot project (275) and Insure Montana (427) in 2006 (80,516). Definition of numerator: The difference between the unique number of children who were enrolled in CHIP, Medicaid, and the Caring Program in 2005 (76,130) and the unique number of children enrolled in CHIP, Medicaid, the Caring Program, and Montana University System Dependent Children Premium Waiver pilot project, and Insure Montana in 2006 (80,516). 80,516 - 76,130 = 4,386 children.	Definition of Population Included in the Measure: Definition of denominator: Total number of children enrolled in FFY 2007 (83,007). Enrollment included CHIP (20,596), Medicaid (60,896), Health Insurance for the Montana University System Dependent Children Premium Waiver pilot project (294), and Insure Montana (1,221). Definition of numerator: The difference between the unduplicated number of children who were enrolled in the above programs in FFY 2006 (80,516) and the unduplicated number of children enrolled in the same program in FFY 2007 (83,007). 83,007 - 80,516 = 2,491 children.	Definition of Population Included in the Measure: Definition of denominator: Total number of children enrolled in FFY 2008 (84,865). Enrollment included CHIP (22,679), Medicaid (60,320), Health Insurance for Motana University System Dependent Children Premium Waiver Program (443), and Insure Montana (1,423). Definition of numerator: The difference between the unduplicated number of children who were enrolled in the above programs in FFY 2008 (84,865). 84,865 - 83,007 = 1,858 children
Year of Data: 2006	Year of Data: 2007	Year of Data: 2008
Performance Measurement Data: Described what is being measured:	Performance Measurement Data: Described what is being measured:	Performance Measurement Data: Described what is being measured:

FFY 2006	FFY 2007	FFY 2008
<p>The difference between the number of children insured FFY 2005 and in FFY 2006.</p> <p>Numerator: 4386 Denominator: 80516 Rate: 5.4</p> <p>Additional notes on measure: The Montana University System Dependent Children Premium Waiver pilot project and Insure Montana are new programs developed to assist low-income families obtain health insurance coverage.</p>	<p>The difference between the number of Montana children insured in FFY 2006 and FFY 2007.</p> <p>Numerator: 2491 Denominator: 83007 Rate: 3</p> <p>Additional notes on measure:</p>	<p>The difference between the number of Montana children insured in FFY 2007 and FFY 2008.</p> <p>Numerator: 1858 Denominator: 84865 Rate: 2.2</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Montana's 2007 objective was to reduce the number of uninsured low to moderate income children by 5%. FFY 2007 reduction is 3%.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? FFY 2007 reduction is at 3% due in large part to an increase in Montana's income guidelines from 150% of the federal poverty levels to 175% of the federal poverty levels plus extensive outreach activities.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Montana's FFY 2008 objective was to reduce the number of uninsured children at or below 175% of FPL by 5%. The FFY 2008 reduction is at 2.2%. Medicaid experienced a reduction in enrollment of children between the ages of 0 - 18 years of age during FFY 2008.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Montana's FFY 2007 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective is to continue at the FFY 2006 level of 5.4%.</p> <p>Annual Performance Objective for FFY 2008: Montana's FFY 2008 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective is to continue at the FFY 2006 level of 5.4%.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Montana's FFY 2008 objective is to continue decreasing the proportion of children at or below 175% of FPL who are uninsured. Our objective is to continue the reduction at 5%.</p> <p>Annual Performance Objective for FFY 2009: Montana's FFY 2009 objective is to continue decreasing the proportion of children at or below 175% of FPL who are uninsured. Our objective is to continue the reduction at 5%.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Montana's FFY 2009 objective is to continue decreasing the proportion of children at or below 175% of FPL who are uninsured. Our objective is to continue the reduction at 2.2%.</p> <p>Annual Performance Objective for FFY 2010: Montana's FFY 2010 objective is to implement the Healthy Montana Kids Plan (HMK) effective 10/1/2009. Montana plans to enroll 29,187 children in HMK in addition to the children enrolled in CHIP and Medicaid in FFY 2009.</p>

FFY 2006	FFY 2007	FFY 2008
<p>Annual Performance Objective for FFY 2009: Montana's FFY 2009 objective is to continue decreasing the proportion of children at or below 150% of FPL who are uninsured. Our objective is to continue at the FFY 2006 level of 5.4%.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on trends in CHIP and other health care coverage enrollment.</p>	<p>Annual Performance Objective for FFY 2010: Montana's FFY 2010 objective is to continue decreasing the proportion of children at or below 175% of FPL who are uninsured. Our objective is to continue the reduction at 5%.</p> <p><i>Explain how these objectives were set:</i> Objectives are based on FFY 2006 achievements. FFY 2007 increase is not expected to be repeated unless we implement another change in CHIP eligibility level (e.g., 175% of FPL to 200% of FPL). The Dependent Children Premium Pilot Project is a two year project and future funding is uncertain. Insure Montana experienced a substantial premium increase for the next year and the impact on enrollment is undetermined at this time.</p>	<p>Annual Performance Objective for FFY 2011: Montana's FFY 2011 objective is to provide HMK coverage to 29,187 children in addition to those children enrolled in CHIP and Medicaid in FFY 2009.</p> <p><i>Explain how these objectives were set:</i> Objectives are based on FFY 2007 achievements. FFY 2007 increase was not expected to be repeated unless we implement another change in CHIP eligibility level (e.g. 175% of FPL to 200% of FPL). Insure Montana experienced frozen enrollment and the impact on future enrollment is undetermined at this time.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: Montana CHIP previously included the Caring Program and Children's Special Health Services as insurance programs. They are not insurance programs. These programs are excluded in the FFY 2007 Annual Report as an adjustment.</p>	<p>Other Comments on Measure: Enrollment is dependent on state and federal funding.</p>

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) N/A	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe) N/A	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2006	Goal #1 (Describe) During FFY 2007, enroll an average of 13,900 children monthly who are at or below 150%.	Goal #1 (Describe) During FFY 2008 enroll an average of 15,500 children monthly who were at or below 175% FPL.
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2007	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2008
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CHIP Data System	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Average monthly enrollment during FFY 2005 (11,022) Definition of numerator: The difference between the average monthly enrollment during FFY 2005 (11,022) and the average monthly enrollment during FFY 2006 (11,842).	Definition of Population Included in the Measure: Definition of denominator: The average monthly enrollment during FFY 2007 (13,531). Oct '06 - 13,182 Nov '06 - 13,220 Dec '06 - 13,112 Jan '07 - 13,135 Feb '07 - 13,130 Mar '07 - 13,291 Apr '07 - 13,363 May '07 - 13,378 Jun '07 - 13,289 Jul '07 - 14,034 Aug '07 - 14,382 Sep '07 - 14,860 Definition of numerator: Montana's goal for the average number of children enrolled on a monthly basis.	Definition of Population Included in the Measure: Definition of denominator: The average monthly enrollment during FFY 2008 (16,130). Oct '07 - 15,228 Nov '07 - 15,563 Dec '07 - 15,700 Jan '08 - 15,798 Feb '08 - 16,003 Mar '08 - 16,096 Apr '08 - 16,188 May '08 - 16,412 Jun '08 - 16,576 Jul '08 - 16,559 Aug '08 - 16,678 Sep '08 - 16,762 Definition of numerator: Montana's goal for the average number of children on a monthly basis.
Year of Data: 2006	Year of Data:	Year of Data: 2008

FFY 2006	FFY 2007	FFY 2008
<p>Performance Measurement Data: Described what is being measured: Percentage of increased enrollment between FFY 2005 and FFY 2006.</p> <p>Numerator: 820 Denominator: 11022 Rate: 7.4</p> <p>Additional notes on measure: Montana anticipated enrolling more children in CHIP because of increased funding. However, the Medicaid resource limit for children's poverty level coverage groups increased from \$3,000 to \$15,000 effective July 1, 2006. The increased resource limit meant, despite increased CHIP applications, there was a greater number of referrals to the Medicaid Program.</p>	<p>Performance Measurement Data: Described what is being measured: Percentage of increased enrollment between FFY 2006 and FFY 2007.</p> <p>Numerator: 1689 Denominator: 13531 Rate: 12.5</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Percentage of increased enrollment between FFY 2007 and FFY 2008.</p> <p>Numerator: 630 Denominator: 15500 Rate: 4.1</p> <p>Additional notes on measure: Montana's average monthly enrollment increased by 2,599 (this represents a 19.2% increase) between FFY 2007 and FFY 2008.</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Montana did not meet its 2007 average monthly enrollment objective of 13,900 children.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Montana continues to provide statewide outreach activities.</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Montana exceeded its FFY 2008 Annual Performance Objective documented on its FFY 2007 Annual Report. This goal was set at an average monthly enrollment of 15,500 children who are at or below 175% FPL. Montana had an average monthly enrollment of 16,130 children who were at or below 175% FPL for an increase rate of 4.1% above its goal.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Montana continues to provide extensive statewide outreach activities.</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2007 Annual Performance Objective for FFY 2008: Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2008</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: During FFY 2008, enroll an average of 15,500 children monthly who are at or below 175%.</p> <p>Annual Performance Objective for FFY 2009: During FFY 2009, enroll an average of 16,000 children monthly who are at or below 175%.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: During FFY 2009, enroll an average of 16,130 children monthly who are at or below 175% FPL. Annual Performance Objective for FFY 2010: See Explanation below for this objective.</p>

FFY 2006	FFY 2007	FFY 2008
<p>Annual Performance Objective for FFY 2009: Enroll approximately 13,900 children monthly who are at or below 150% FPL during FFY 2009</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on available state and federal funding.</p>	<p>Annual Performance Objective for FFY 2010: During FFY 2010, enroll an average of 16,000 children monthly who are at or below 175%.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on available state and federal funding and legislative approval from Montana's 2007 state legislature to increase CHIP income guidelines to 175% FPL.</p>	<p>Annual Performance Objective for FFY 2011: See explanation below for this objective.</p> <p><i>Explain how these objectives were set:</i> Enrollment is dependent on state and federal funding.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: Performance measure data reported for FFY 2007 was revised. Data previously reported compared the actual monthly enrollment with the monthly enrollment goal for FFY 2007.</p>	<p>Other Comments on Measure:</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) Increase the reapplication rate to maintain continuous health coverage for CHIP eligible enrollees.	Goal #2 (Describe) Increase the reapplication rate to maintain continuous health coverage for CHIP eligible children.	Goal #2 (Describe) Increase the reapplication rate by .05% to maintain continuous health coverage for CHIP eligible children.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> Montana has been unable to provide this information from its data system since 2004.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2007	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2008
Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CHIP Data System	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Applicants that were enrolled at the end of 12 months and needed to reapply for coverage Definition of numerator: Applicants that reapplied for CHIP	Definition of Population Included in the Measure: Definition of denominator: A total of 6,157 renewal applications were sent to families with enrolled children. Definition of numerator: A total of 5,254 renewal applications were returned to CHIP.	Definition of Population Included in the Measure: Definition of denominator: A total of 7,617 renewal applications were sent to families with enrolled children. Definition of numerator: A total of 6,492 renewal applications were returned to CHIP.
Year of Data: 2006	Year of Data: 2007	Year of Data: 2008
Performance Measurement Data: Described what is being measured: Due to data system limitations, the rate of reapplication for FFY 2006 can not be reported at this time Numerator: Denominator: Rate: Additional notes on measure: Montana continues to provide three separate notifications to CHIP families prior to disenrolling children because a renewal application was not received.	Performance Measurement Data: Described what is being measured: The rate of CHIP reapplication is being measured. Numerator: 5254 Denominator: 6157 Rate: 85.3 Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: 6492 Denominator: 7617 Rate: 85.2 Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Was not an objective in our 2006 Annual Report.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? Reapplication rate is essentially unchanged from FFY 2007 (85.3%) to FFY 2008 (85.2%).</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Improve our current data system so we are able to report reapplication rate in FFY 07.</p> <p>Annual Performance Objective for FFY 2008: Improve our current data system so we are able to report reapplication rate in FFY 08.</p> <p>Annual Performance Objective for FFY 2009: Improve our current data system so we are able to report reapplication rate in FFY 09.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Montana's 2008 objective is to maintain its reapplication rate at its 2007 level of 85.3%</p> <p>Annual Performance Objective for FFY 2009: Montana's 2009 objective is to maintain its reapplication rate at its 2007 level of 85.3%</p> <p>Annual Performance Objective for FFY 2010: Montana's 2010 objective is to maintain its reapplication rate at its 2007 level of 85.3%</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on Montana's 2007 reapplication rate.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Montana's 2009 objective is to increase its reapplication rate by .05%.</p> <p>Annual Performance Objective for FFY 2010: Montana's 2010 objective is to increase its reapplication rate by .05%.</p> <p>Annual Performance Objective for FFY 2011: Montana's 2011 objective is to increase its reapplication rate by .05%.</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on Montana's FFY 2008 reapplication rate.</p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe) N/A	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure: Performance measure data reported for FFY 2007 was revised. Data previously reported compared the actual monthly enrollment with the monthly enrollment goal for FFY 2007	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) N/A	Goal #1 (Describe) Screen 100% of CHIP applications and refer all applications with a potentially eligible child for a Medicaid eligibility determination.	Goal #1 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i> CHIP has screened all applications for children who may be potentially eligible for Medicaid.	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Number of applications. Definition of numerator: Number of applications screened for Medicaid.	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data: 2007	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Application screening for potential Medicaid eligibility. Numerator: 11315 Denominator: 11315 Rate: 100 Additional notes on measure: CHIP referred 4,997 children to the Offices of Public Assistance. A larger number of children were referred for a Medicaid eligibility determination during FFY 2007 because Montana's Medicaid program increased its asset limit from \$3,000 to \$15,000 for poverty children coverage groups.	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Montana screened 100% of its CHIP applications and referred all applications with a child who was potentially eligible for a Medicaid determination.</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p>
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Screen 100% of CHIP applications and refer all applications with a potentially eligible child for a Medicaid eligibility determination.</p> <p>Annual Performance Objective for FFY 2008: Screen 100% of CHIP applications and refer all applications with a potentially eligible child for a Medicaid eligibility determination.</p> <p>Annual Performance Objective for FFY 2009: Screen 100% of CHIP applications and refer all applications with a potentially eligible child for a Medicaid eligibility determination.</p> <p><i>Explain how these objectives were set:</i> Objectives based on CHIP eligibility determination procedures.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Screen 100% of CHIP applications and refer all applications with a child who is potentially eligible for Medicaid for a Medicaid determination.</p> <p>Annual Performance Objective for FFY 2009: Screen 100% of CHIP applications and refer all applications with a child who is potentially eligible for Medicaid for a Medicaid determination.</p> <p>Annual Performance Objective for FFY 2010: Screen 100% of CHIP applications and refer all applications with a child who is potentially eligible for Medicaid for a Medicaid determination.</p> <p><i>Explain how these objectives were set:</i> Objectives were based on CHIP eligibilty determination procedures.</p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p>Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) N/A	Goal #2 (Describe) Provide CHIP-related information and/or training to staff from Offices of Public Assistance (OPA) by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting.	Goal #2 (Describe)
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i> In the future, information about OPA training will be reported in the "Coordination Between SCHIP and Medicaid" section of this report.
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i> 2007	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Contacts CHIP made with local Offices of Public Assistance (OPAs). Since CHIP and OPAs refer children between CHIP and Medicaid, CHIP strives to maintain good rapport with OPA staff. CHIP believes establishing and maintaining rapport is contingent in large part upon educating OPA staff about CHIP.	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:

FFY 2006	FFY 2007	FFY 2008
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2008: Provide CHIP-related information and/or training to	Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:	Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:

FFY 2006	FFY 2007	FFY 2008
<p>staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting.</p> <p>Annual Performance Objective for FFY 2008: Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting.</p> <p>Annual Performance Objective for FFY 2009: Provide CHIP-related information and/or training to staff from Offices of Public Assistance by attending their annual Montana Eligibility Workers Association (MEWA) meeting or the quarterly Human and Community Services Division's Joint Management meeting.</p> <p><i>Explain how these objectives were set:</i> Objectives were based on training provided during FFY 2006.</p>	<p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure: Providing CHIP-related information to Offices of Public Assistance (OPA) staff ensures staff who determine Medicaid eligibility also have a basic knowledge of CHIP. This information will assist OPA and CHIP staff in providing health care coverage to eligible children and making referrals to the appropriate program.</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe) N/A	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?

FFY 2006	FFY 2007	FFY 2008
What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?	What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?
<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.	Goal #1 (Describe) Maintain access to health care providers at FFY 2006 levels.	Goal #1 (Describe) Maintain access to 4,613 health care providers.
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2006</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2007</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2008</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIP medical and dental providers and facilities who provide services to CHIP enrollees.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIP medical and dental providers who provide services to CHIP members.	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIP medical and dental providers who provide services to CHIP members.
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Blue Cross Blue Shield of Montana and CHIP data systems. Provider enrollment for fiscal year end 2006 was compared to fiscal year end 2005.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Blue Cross Blue Shield of Montana, ACS, and CHIP data system. Provider enrollment for fiscal year end 2007 was compared to fiscal year end 2006.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Blue Cross and Blue Shield of Montana, ACS, and CHIP data system. Provider enrollment for FFY 2008 was compared to FFY 2007.
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total CHIP providers enrolled for fiscal year end 2006: 3,917 medical, allied and hospital providers plus 286 dentists and oral surgeons.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The total number of CHIP providers enrolled in FFY 2006 and the total number of CHIP providers enrolled in FFY 2007. (4,439 in FFY 2007 and 4,203 FFY 2006 = 236 more providers in 2007). FFY 2007 CHIP providers included 1,782 physicians, 2,306 allied health providers, 59 hospitals and 292 dentists.	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: The total number of CHIP providers enrolled in FFY 2007 and the total number of CHIP providers enrolled in FFY 2008. (4,439 in FFY 2007 and 4,613 in FFY 2008). There was an increase of 174 providers during FFY 2008. FFY 2008 CHIP providers included 1,809 physicians, 2,460 allied health providers, 59 hospitals and 321 dentists.
Year of Data: 2006	Year of Data: 2007	Year of Data: 2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator:

FFY 2006	FFY 2007	FFY 2008
Rate:	Rate:	Rate:
Additional notes on measure:	Additional notes on measure:	Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 4203 Denominator: 3943 Rate: 106.6 Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 4439 Denominator: 4203 Rate: 105.6 Additional notes on measure: Measure of increased provider enrollment.	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 4613 Denominator: 4439 Rate: 103.9 Additional notes on measure: Measure of increased provider enrollment.
Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2007: Maintain access to preventive health care providers at FFY 2006 levels. Annual Performance Objective for FFY 2008: Maintain access to preventive health care providers at FFY 2006 levels. Annual Performance Objective for FFY 2009: Maintain access to preventive health care providers at FFY 2006 levels. <i>Explain how these objectives were set:</i> Objectives were set based on trends in enrollment and utilization of health care services.	Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? CHIP exceeded the FFY 2007 annual performance objective. There were 236 additional providers in FFY 2007. What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2008: Maintain access to preventive health care providers at FFY 07 levels Annual Performance Objective for FFY 2009: Maintain access to preventive health care providers at FFY 07 levels Annual Performance Objective for FFY 2010: Maintain access to preventive health care providers at FFY 07 levels <i>Explain how these objectives were set:</i> Objectives were set based on trends in enrollment and utilization of health care services.	Explanation of Progress: How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report? CHIP exceeded the FFY 2008 annual performance objective. There were 174 additional providers in FFY 2008. What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal? Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data. Annual Performance Objective for FFY 2009: Maintain access to 4,613 health care providers, FFY 2008 levels Annual Performance Objective for FFY 2010: Maintain access to 4,613 health care providers, FFY 2008 levels Annual Performance Objective for FFY 2011: Maintain access to 4,613 health care providers, FFY 2008 levels <i>Explain how these objectives were set:</i> Objectives were set based on trends in enrollment and utilization of health care services.
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) N/A	Goal #2 (Describe)	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe) N/A	Goal #3 (Describe)	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
Other Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2006	FFY 2007	FFY 2008
Goal #1 (Describe) Increase the number of medical and dental providers and facilities available to provide care to CHIP enrollees.	Goal #1 (Describe) FFY 2007 goals for this stratum were actually objectives for "increasing access to care." Objectives and related performance measures have been entered under "increasing access to care" section.	Goal #1 (Describe)
Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CHIP medical and dental providers who provide services to CHIP enrollees	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input checked="" type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input checked="" type="checkbox"/> Other. <i>Specify:</i> Blue Cross Blue Shield of Montana and CHIP data systems. Provider enrollment for fiscal year end 2006 was compared to fiscal year end 2005.	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Total CHIP providers enrolled for fiscal year end 2006 (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data: 2006	Year of Data:	Year of Data:

FFY 2006	FFY 2007	FFY 2008
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: 4203 Denominator: 3943 Rate: 106.6 Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Maintain access to preventive health care providers at</p>	Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p>	Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p>

FFY 2006	FFY 2007	FFY 2008
<p>FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)</p> <p>Annual Performance Objective for FFY 2008: Maintain access to preventive health care providers at FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)</p> <p>Annual Performance Objective for FFY 2009: Maintain access to preventive health care providers at FFY 2006 levels: (3,917 medical, allied and hospital providers plus 286 dentists/oral surgeons)</p> <p><i>Explain how these objectives were set:</i> Objectives were set based on trends in enrollment and utilization of health care services.</p>	<p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #2 (Describe) N/A	Goal #2 (Describe) N/A	Goal #2 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input checked="" type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2006	FFY 2007	FFY 2008
Goal #3 (Describe) N/A	Goal #3 (Describe) N/A	Goal #3 (Describe)
Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>	Type of Goal: <input checked="" type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i>
Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>	Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i>
Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>	Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i>
Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>	Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i>
Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	Year of Data:	Year of Data:
HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:

FFY 2006	FFY 2007	FFY 2008
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2008: Montana is researching the possibility of isolating immunization data from well-child data. We are holding an actual goal for this stratum in abeyance until it is known whether immunization data can be isolated. Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>	Explanation of Progress: <p>How did your performance in 2008 compare with the Annual Performance Objective documented in your 2007 Annual Report?</p> <p>What quality improvement activities that involve the SCHIP program and benefit SCHIP enrollees help enhance your ability to report on this measure, improve your results for this measure, or make progress toward your goal?</p> <p>Please indicate how CMS might be of assistance in improving the completeness or accuracy of your reporting of the data.</p> <p>Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010:</p> <p>Annual Performance Objective for FFY 2011:</p> <p><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

On a quarterly basis, Montana reviews the total number of CHIP dental, physician, allied health care and hospital providers to evaluate network adequacy and access to care. If there is a significant change, we review changes to assure no region of the state has an inadequate provider network.

Our third party administrator, Blue Cross Blue Shield of Montana (BCBSMT) publishes a CHIP Provider Network report listing the number of physicians, allied providers and hospitals in each of Montana's 56 counties. It should be noted Montana is a frontier state with many areas having no or limited local access to health care for any payer. BCBSMT provides quarterly HealthCare Management reports that summarize CHIP claims costs and utilization of medical and pharmacy services along with quality care indicators.

CHIP and BCBSMT staff meet monthly to discuss program changes, successes and challenges, and member access to quality care.

CHIP monitors and evaluates the utilization of eyeglasses, dental and Extended Mental Health services. These services were provided on a fee-for-service basis and were not part of the BCBSMT contract.

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

CHIP continues with the measure listed above. We will survey CHIP families about access to care and satisfaction with health care services.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special health care needs or other emerging health care needs? What have you found?

Montana CHIP did not conduct focused quality studies in FFY 2008.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

Please see attached documents:

A. August, 2008 "Keeping Well" article (ATTACHMENT A)

B. Enrollment

1. New Children Enrolled in CHIP 2004 - Current (ATTACHMENT B)

2. CHIP Monthly Enrollment Comparing SFY08 to SFY07 (ATTACHMENT C)

C. Provider Network Map (ATTACHMENT D)

D. CHIP Basic Dental Program spreadsheet (ATTACHMENT E)

Enter any Narrative text below **[7500]**.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

Montana CHIP conducted a statewide media campaign supporting the release of the 2008 FPL income guidelines. Articles were placed in daily, rural and weekly Montana and Tribal newspapers.

CHIP continues to develop its statewide network of CHIP Community Partners. This network includes health care providers and related agencies to increase CHIP awareness by distributing CHIP materials in their communities. To date, over 650 distribution points have been established across the state.

In August and September, 2008 CHIP conducted a comprehensive statewide Back-to-School campaign. CHIP distributed over 35,000 postcards to over 150 participating Montana schools.

Montana CHIP participated in 24 Public Health Fairs and Provider Conferences throughout Montana during FFY 2008.

What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

The media campaigns plus the statewide Back-to-School campaign proved to be the most effective activities during FFY 2008. Effectiveness was measured by the number of new CHIP enrollees.

Which of the methods described in Question 2 would you consider a best practice(s)? **[7500]**

We consider the statewide media campaign and the statewide Back-to-School campaign to be "best practices".

Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

Montana has seven American Indian reservations within its borders. Since 2006, Montana CHIP has focused on Native American communities. Between July 1, 2007 and June 30, 2008, 2,053 Native American children were enrolled in CHIP, or 9% of total enrollment. Outreach visits to Native American Tribes during FFY 2008 include: Blackfeet; Chippewa-Cree; Confederated Salish & Kootenai; Gros Ventre & Assiniboine.

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

The number of unduplicated Medicaid children ever enrolled during FFY 2008 was 60,320 and the unduplicated number of children enrolled in CHIP during FFY 2008 was 22,679 (Source: Montana Medicaid and CHIP administrative data.)

The income eligibility guideline for Medicaid is 133% FPL for children 0-5 years of age and 100% FPL for children 6-18 years of age. The income eligibility guideline for CHIP is 175% FPL. We are unable to respond to this question regarding the 200% Federal Poverty Level.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

All states should answer the following question

Do you have substitution prevention policies in place?

- ☒ Yes
☐ No

If yes, indicate if you have the following policies:

- ☒ Imposing waiting periods between terminating private coverage and enrolling in SCHIP
☐ Imposing cost sharing in approximation to the cost of private coverage
☒ Monitoring health insurance status at the time of application
☐ Other, please explain **[7500]**

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states should also answer this question if you have a point at which the state will implement or modify a current substitution policy should substitution levels become unacceptable.

Identify the trigger mechanism or point at which your substitution prevention policy is instituted or modified if you currently have a substitution policy. **[7500]**

The substitution prevention policy applies to all applicants regardless of income.

All States must complete the following 3 questions

Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

Montana's CHIP application asks families if any child in the home has been covered by health insurance (individual or group) during the month prior to application for CHIP. The applicant must give the name of prior insurance, the end date of prior insurance and the reason coverage ended. Individuals whose coverage ended for a reason that was not one of CHIP's exceptions have enrollment delayed for one month.

Montana CHIP's third party administrator, Blue Cross Blue Shield of Montana (BCBSMT), compares the CHIP monthly enrollment file with the claims files for their other commercial health plans. BCBSMT is Montana's largest health insurance carrier. BCBSMT notifies CHIP if members have other health insurance. CHIP also follows-up with families if health care providers or other entities notify CHIP that a child has other insurance coverage. If CHIP determines a child has insurance in addition to CHIP coverage, the child is disenrolled from CHIP.

The state does ask the applicant why he/she dropped private coverage. Currently, our data base captures only the reasons which result in a exception to the one month delay period.

At the time of application, what percent of SCHIP applicants are found to have Medicaid [(# applicants found to have Medicaid/total # applicants) * 100] and what percent of applicants are found to have other insurance [(# applicants found to have other insurance/total # applicants) * 100]? Provide a combined percent if you cannot calculate separate percentages. **[50]**

2.9% - Medicaid & 7.6% - Other Ins**see narrative

Of those found to have had other, private insurance and have been uninsured for only a portion of the state's waiting period, what percent meet your state's exemptions to the waiting period (if your state has a waiting period and exemptions) [(# applicants who are exempt/total # applicants who would have to complete a waiting period)*100]? **[50]**

.06% ** see narrative at the end of this section

Of those found to have other, private insurance, what percent must remain uninsured until the waiting period is met [(# applicants who must complete waiting period/total # applicants who would have to complete a waiting period)*100]? **[50]**

2.8% ** see narrative at the end of this section

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP (i.e., (# applicants who drop coverage/total # applicants) * 100)? **[7500]**

We do not have data about the percent of applications who drop group health insurance to enroll in Montana CHIP.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

CHIP and Medicaid do not have the same redetermination procedures. Medicaid requires documentation of identity, household income, resources and other pertinent changes. CHIP accepts self-declaration of identity, household composition and income, and there is no asset test.

To expedite the renewal process, CHIP pre-populates the family's renewal application with information from the family's previous application (e.g. names birth dates, ID numbers, etc). Families must update income information and note other changes (e.g. family members who have moved in or out, etc), sign, date and return the completed application to CHIP before it can be determined whether the family continues to qualify for coverage. Medicaid does not provide pre-populated applications to families whose Medicaid eligibility needs to be redetermined.

CHIP works closely with Offices of Public Assistance (OPAs). Since CHIP and OPAs refer children between CHIP and Medicaid, CHIP strives to maintain good rapport with OPA staff. CHIP believes establishing and maintaining rapport is contingent in large part upon educating OPA staff about CHIP.

Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

When a child's eligibility status changes the child receives notice of the change, a new ID card and Member Handbook for the appropriate program.

When a child's eligibility status changes from Medicaid to CHIP:

1. The family may be responsible for co-payments depending on their family income.
2. The child will have a limited package of benefits and a \$1 million lifetime benefit.
3. The network of providers may be different and may necessitate a change in the child's provider(s).
4. The child will receive 12 months of continuous coverage.

When a child's eligibility status changes from CHIP to Medicaid:

1. The family is not responsible for co-payments.
2. The child is entitled to all medically necessary services.
3. The network of providers may necessitate a change in the child's provider(s).

4. The family must report all changes that affect income and continuous coverage is not guaranteed.

5. Lower Medicaid reimbursement may affect access to care (e.g. dental services).

Are the same delivery systems (such as managed care or fee for service,) or provider networks used in Medicaid and SCHIP? Please explain. **[7500]**

CHIP and Medicaid use a fee for service delivery system. The provider networks are not the same for Medicaid and CHIP although providers are frequently enrolled in both programs' networks. CHIP's third party administrator (TPA), Blue Cross Blue Shield of Montana (BCBSMT) provides enrollment and provider support for medical, allied and hospital providers.

CHIP also contracts with Affiliated Computer Services, Inc. (ACS) to enroll and support dental, eyeglasses and Extended Mental Health providers. For eyeglasses, CHIP, Medicaid and the Montana Department of Corrections have a bulk-purchasing contract with Walman Optical, Inc. Medicaid contracts with ACS to enroll and support Medicaid providers. Both CHIP and Medicaid program staff provide support for their respective provider networks and delivery systems.

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

Every new and renewal application received by Montana CHIP is screened to determine whether a child is potentially eligible for Medicaid. Children who are potentially eligible for Medicaid are referred to their local Office of Public Assistance (OPA) for a Medicaid eligibility determination. Both the family and the OPA are notified of the referral. CHIP monitors the Medicaid eligibility determination using the electronic referral process.

ELIGIBILITY REDETERMINATION AND RETENTION

What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☐ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

How many notices are sent to the family prior to disenrolling the child from the program?

[500]

Three (3)

At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**

Families receive the following renewal mailings: 1) 9 1/2 months after eligibility was determined, the family receives a mailing advising that it's nearly time to renew their application and they should watch for the renewal application to arrive in the mail; 2) 10 months after eligibility was determined, a pre-populated renewal application is mailed; and 3) 11 months after eligibility was determined, a reminder notice is mailed if the renewal application has not been received by CHIP.

☒ Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

When FPL is adjusted each year, Montana CHIP sends letters to families who were not eligible for CHIP during previous year but may be eligible under the newest FPL; and when children with a serious emotional disease currently enrolled in the program need an updated clinical assessment to determine ongoing eligibility.

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) [500]

Families are provided a four page partially pre-populated renewal application. The family may make changes to the information (e.g. family composition, school attendance, etc.) and enters current income. The family must indicate if countable assets exceed Montana Medicaid's resource limit of \$15,000. Applications for children potentially eligible for Medicaid are forwarded to Offices of Public Assistance.

☐ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* [500]

☐ Other, *please explain:* [500]

Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. [7500]

Providing families with pre-populated renewal applications that are short and easy to complete appears to encourage timely submission of renewal applications.

What percentage of children in the program are retained in the program at redetermination (i.e., (# children retained/total # children up for redetermination) * 100)? What percentage of children in the program are disenrolled at redetermination (i.e., (# children disenrolled/total # children up for redetermination) * 100) [500]

CHIP FFY 2008 data indicates 7,617 renewal applications were mailed to families. Families returned 6,492 renewal applications for a reapplication rate of 85.2%.

Of the 6,492 returned applications 5,766 applications had children re-enrolled in CHIP. The percentage of applications with reenrolled children was 88.9% and the percent of applications with children who were disenrolled was 11.1%.

Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

- ☒ Yes
☐ No
☐ N/A

When was the monthly report or assessment last conducted? [7500]

The last report for FFY 2008 was completed in September, 2008. The total number of children disenrolled during FFY 2008 was 4,033.

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. [7500].

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other (specify)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

4033	2274	56	0	0	478	12	485	12	796	20
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Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

Data obtained through Montana's CHIP data system for October, 2007 through September, 2008. Data reported for FFY 2008 is the product of a refined query and may vary from data reported on the FFY 2007 Annual Report.

COST SHARING

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

No. Montana CHIP does not require families to pay premiums or enrollment fees.

Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

No.

If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

Montana CHIP has not increased or decreased cost sharing in FFY 2008.

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

- ☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration

Adults

- ☐ Yes, Check all that apply and complete each question for each authority.
- ☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Please indicate which adults your State covers with premium assistance. (Check all that apply.)

- ☐ Parents and Caretaker Relatives
- ☐ Childless Adults
- ☐ Pregnant Women

Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, who receives the subsidy if a subsidy is provided, etc.) **[7500]**

What benefit package does the ESI program use? **[7500]**

Are there any minimum coverage requirements for the benefit package? **[7500]**

Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

	Number of childless adults ever-enrolled during the reporting period
	Number of adults ever-enrolled during the reporting period
	Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **[7500]**

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____

Employer: _____

Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

**PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS
(I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS))**

Does your state have a written plan that has safeguards and establishes methods and procedures for:

- (1) prevention,
- (2) investigation,
- (3) referral of cases of fraud and abuse?

Please explain: **[7500]**

1) Prevention - As Montana's TPA, Blue Cross Blue Shield of Montana (BCBSMT) Special Investigations Unit (SIU) coordinates an internal and external fraud awareness program. The program involves employee training through face-to-face sessions, as well as written notifications in internal publications. The external awareness program involves publication of BCBSMT's toll-free fraud hotline on all Explanations of Benefits, maintenance of an anti-fraud website, anti-fraud training presentations to law enforcement groups, regulatory agencies, civilian groups, written articles in BCBSMT publications, and regulatory industry publications. BCBSMT also attempts to publicize all successful cases in the local media.

2) Investigation - BCBSMT investigations are pursued by trained investigators and agencies using traditional methods, including (but not limited to) document analysis, data mining, interviews, questionnaires, medical records review, surveillance, etc. If fraudulent activity is confirmed, the case is reported to the Montana Insurance Department (pursuant to Montana Code Annotated 33-1-1205) and/or other applicable law enforcement or regulatory agencies including state medical boards, the Medicaid Fraud Control Unit, Federal Bureau of Investigation,

Health and Human Services/Office of Inspector General, Office of Public Assistance/Office of Attorney General, Drug Enforcement Agency, and other state and local law enforcement agencies. BCBSMT works with these agencies in the continued investigation and prosecution of each case.

3) Referral of cases of fraud & abuse - BCBSMT reports all cases to the Montana Insurance Department, as well as any other applicable law enforcement or regulatory agency.

If the state does not have a written plan, do managed health care plans with which your program contracts have written plans?

☐ Yes

☐ No

Please Explain: **[500]**

For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP ☒

Medicaid and SCHIP Combined ☐

3. Does your state rely on contractors to perform the above functions?

☒ Yes, please answer question below.

☐ No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

CHIP meets monthly with BCBSMT staff regarding program and policy issues. Fraud and abuse cases may be addressed at that time and/or during a following meeting. CHIP refers complaints

regarding provider credentialing or billing to BCBSMT. The CHIP program follows up on complaints regarding beneficiary eligibility.

The Montana Insurance Commissioner's Office audits and follows up on consumer complaints pertaining to insurance companies operating in Montana.

5. Do you contract with managed care health plans and/or a third party contractor to provide this oversight?

☐ Yes

☒ No

Please explain: **[500]**

Enter any Narrative text below. **[7500]**

#2 above: the explanation - The BCBSMT SIU tracks all activity on a calendar year basis. BCBSMT did not work any cases specific to the CHIP program in 2008 and general provider cases are not individually tracked specific to the line of business that may be affected by any fraudulent activity. Recovery or restitution for specific lines of business is not calculated until the completion of a case. BCBSMT did not recover any payments under the CHIP program in 2008.

Due to the fact that many lines of business, including CHIP, are beginning to require annual reporting of anti-fraud activity, the BCBSMT SIU revised its case log to identify any CHIP activity.

****Comments regarding Section III, Assessment of State Plan and Program Operation, Substitution of Coverage, Questions 4., 4a., and 4b.:**

4.) Many families applied for CHIP for their children because their Medicaid coverage ended. The number reported is only for children who applied for CHIP but had ongoing Medicaid coverage. CHIP matched the preliminary CHIP enrollment database with the Medicaid database. Consequently, CHIP did not enroll children who had ongoing Medicaid coverage. During FFY 2008, 491 children had coverage that ended for a reason which did not meet one of the insurance delay period exceptions. Those 491 children represent 2.2% of CHIP's total enrollment (22,679 unique children enrolled).

4a) There were 104 children who had other private insurance but did not serve the one month waiting period, and 1,693 applicants who had other private insurance who completed the waiting period. (104/1,693 = .06%)

4b) There were 491 children out of 1,693 (2.9%) who had insurance at the time of application. These children remained uninsured for one month waiting period prior to being enrolled in CHIP.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2008. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

	2008	2009	2010
Benefit Costs			
Insurance payments	0	0	
Managed Care	0	0	
Fee for Service	29216277	34662958	54064208
Total Benefit Costs	29216277	34662958	54064208
(Offsetting beneficiary cost sharing payments)	0		
Net Benefit Costs	\$ 29216277	\$ 34662958	\$ 54064208

Administration Costs

Personnel	915968	1289070	2298635
General Administration	1173248	1684972	2375753
Contractors/Brokers (e.g., enrollment contractors)	0	0	0
Claims Processing	191014	227112	354230
Outreach/Marketing costs	62980	124882	166795
Other (e.g., indirect costs)	434830	517005	806379
Health Services Initiatives	0	0	0
Total Administration Costs	2778040	3843041	6001792
10% Administrative Cap (net benefit costs ÷ 9)	3246253	3851440	6007134

Federal Title XXI Share	24945969	29892207	46629236
State Share	7048348	8613792	13436764

TOTAL COSTS OF APPROVED SCHIP PLAN	31994317	38505999	60066000
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement
- ☒ Other (specify) **[500]** State tobacco tax

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

No

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2008		2009		2010	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	0	\$ 0	0	\$ 0	0	\$ 0
Fee for Service	16130	\$ 165	17316	\$ 185	24658	\$ 203

Enter any Narrative text below. **[7500]**

Implementation of ballot Initiative 155, the Healthy Montana Kids (HMK) Plan, is scheduled for October 1, 2009 (FFY 2010). It is dependent upon federal and state funding as well as CMS approval of our CHIP State Plan Amendment. Montana CHIP will have pre-implementation costs in FFY 2009 and implementation-related costs in FFY 2010. The FFY 2010 cost projections assume a significant increase in enrollment based on an increase in Montana's CHIP eligibility guidelines to 250% FPL.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
	* Upper % of FPL are defined as Up to and Including									
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. [1000]

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2008	2009	2010	2011	2012
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

Net Benefit Costs (Total Benefit Costs - Offsetting
Beneficiary Cost Sharing Payments)

Administration Costs

Personnel					
General Administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/Marketing costs					
Other (specify)					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share

State Share

TOTAL COSTS OF DEMONSTRATION

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When was your budget last updated (please include month, day and year)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

In November, 2008, Montana voters passed Initiative I-155, Healthy Montana Kids (HMK), by a 70% margin. It is anticipated CHIP enrollment could expand to include an additional 30,000 currently uninsured Montana children with family incomes between 185%-250% of the Federal Poverty Level (FPL). The successes of the HMK Initiative's implementation is dependent on several factors: 1) 2009 Montana Legislature appropriating designated funding; 2) CMS approval of Montana CHIP's state plan amendment identifying the initiative changes; and 3) availability of Federal funds which impacts the state funding match.

Within the past year, our state's political and fiscal environment was impacted by the ongoing operation of Montana CHIP amid the uncertainty of failed federal reauthorization bills. Montana executive and legislative bodies were concerned about increases in CHIP's income guidelines with the uncertainty of federal funding and what it meant to the state budget and matching rate. The passage of the Healthy Montana Kids Initiative requires an increase in the income guidelines but does not resolve the lack of consistent and sustainable federal funding for the program.

While Montana state officials closely watch CHIP reauthorization, Montana's U.S. Senator Max Baucus spearheaded the national reauthorization in his role as chairman of the U.S. Senate Finance Committee. In September, 2007, Montana Department of Public Health and Human Services Director Joan Miles testified at a Senate Finance hearing in Billings regarding CHIP's value to Montana families and the provider community.

During the reporting period, what has been the greatest challenge your program has experienced? **[7500]**

The lack of timely federal CHIP reauthorization generated numerous news stories on a national and state level which caused confusion among the general public about our state's income guidelines, who was eligible for enrollment (Montana covers only children), if the program would continue, or if a waiting list has been reinstated. The CHIP extension, rather than reauthorization, also caused CHIP staff to be concerned regarding their own job security.

Other Challenges:

-Montana was one of the FFY 2008 states selected for review under the federally mandated Payment Error Rate Measurement (PERM). Montana spend significant staff time and limited administrative dollars complying with PERM guidelines. The additional drain on administrative dollars is particularly challenging for Montana since we operate a stand-alone CHIP program in which administrative costs are limited to 10%.

- Montana CHIP boasted increased enrollment in the fiscal year, however, the challenge was to process these increased applications in a timely manner while dealing with considerable staff turnover. The hiring and training of new staff is labor intensive and causes an increase in the workload of existing staff.

- Administering Montana's CHIP program in the most cost effective manner while providing quality level of benefits and services for enrollees due to the restrictive 10% administrative cap.

- Ongoing issues associated with statewide provider re-enrollment more than one year after the initial implementation. The re-enrollment, carried out at the behest of CMS, resulted in a number of providers threatening to quit as Montana CHIP providers due to the ongoing confusion revolving around their reenrollment paperwork, significant problems encountered with timely claims processing despite considerable time spent by CHIP staff in assisting providers to navigate through the unwieldy process.

- Ongoing confusion among CHIP/Medicaid families as they transfer between the two programs since the programs have differences in regards to eligibility criteria, documentation needs, and benefit packages.

During the reporting period, what accomplishments have been achieved in your program? **[7500]**

1. New staff hires allowed the timely processing of the ever growing number of CHIP applications and contract management
2. All new eligibility files and incoming mail is now scanned in an electronic filing system, reviewed by internal quality control guidelines, and stored on an electronic platform which allows easy access for staff to process and review applications. All existing eligibility files were fully converted to the new system.
3. Development and delivery of general and specialized training modules incorporating CHIP eligibility policy and the KIDS data base system entry criteria for demographics, basic eligibility and varying income determination.
4. Enhancements to the KIDS database system to allow staff better navigation and reporting abilities.
5. Extended Dental Program materials development, provider outreach, and implementation of a new program which allocated nearly \$1,000,000 for SFY 2007 and 2008 in new funds for CHIP children to address significant dental needs beyond what the basic CHIP dental benefit would cover.
6. Extensive development of policy material and clinical assessment guidelines and implementation of training for BCBSMT Customer Service Staff, case managers and statewide mental health providers related to the Extended Mental Health benefits.
7. Development of new materials for the Extended Dental Plan, training and outreach to providers at the statewide conference and regional Provider Fairs. The Extended Dental Plan allocated \$453,926 between October, 2007 and July, 2008. Funds provided services for 703 children with significant dental needs.
8. Two members of CHIP staff selected to receive the Governor's Award for Excellence
9. Contract negotiations with BCBSMT resulted in an amended TPA contract for FFY 2009
10. Ongoing research and contacts to incorporate a true "on line" application
11. Training developed and delivered to CHIP staff involved with data queries and analysis
12. Extensive coordination with Medicaid staff in regard to new database system, CHIMES, and updating and improving the CHIP interface with that system

What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

Montana CHIP's future plans include:

1. Implement HMK and forge a closer coordination with Medicaid to meet the initiative directives.
2. Increase the number of low-to-moderate income Montana children who have insurance coverage
3. Hire more staff to assist with the additional responsibilities associated with increased enrollment
4. Continue to work with our contractor, Northrup Grumman, to develop and improve our eligibility data system
5. Conduct targeted surveys: a) retention; b) customer satisfaction; and c) outreach
6. Continue outreach to the mental health communities, dental providers and the public regarding basic and extended mental health benefits and the extended dental plan.

7. Continue to recruit and train community partners as CHIP advocates and broaden CHIP's provider network.
8. Update the CHIP dental provider manual and outreach materials
9. Finalize more effective interface requirements with the new Medicaid eligibility system in development for statewide Office of Public Assistance and subsequent referrals to CHIP, and
10. Implement other program changes required by any reauthorization legislation

Enter any Narrative text below. **[7500]**